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SERIAL NUMBER 09/528,031	FILING OR 371(c) DATE 03/17/2000 RULE	CLASS 435	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. MNI-056CPCN
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APPLICANTS

Andrew Shyjan, Nahant, MA;

**** CONTINUING DATA *******

This application is a CON of 09/061,400 04/16/1998 PAT 6,077,936
 which is a CIP of 08/843,459 04/16/1997 PAT 6,162,616

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 05/18/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

000959

TITLE

MULTIDRUG RESISTANCE-ASSOCIATED POLYPEPTIDE

FILING FEE RECEIVED 1888	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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